

Program Evaluation
of
Michigan Department of Corrections'
Residential Substance Abuse Treatment (RSAT):
A Descriptive Assessment of Prison and
Community-Based Treatment Programs

Fiscal Year Ending
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1. EXECUTIVE SUMMARY

Background

The relationship between criminal behavior and substance abuse has been well documented and social systems that support a drug or criminal lifestyle share several common features. In order to address these commonalities, the Michigan Department of Corrections (MDOC) offers several types of treatment in prison and in the community. In 1998, MDOC used federal and State monies to pilot three RSAT programs in order to test the benefits of a residential program situated in a prison setting.

An independent evaluation of the RSAT programs was mandated and in 1999 the University of Michigan's *Substance Abuse Research Center*, under the direction of Dr. Carol J. Boyd, began annual and independent evaluation of the three RSAT programs in MDOC. Program evaluations for the previous two fiscal years were filed with the Michigan Department of Corrections. Those reports included assessments of the developmental and implementation aspects of the programs. Since this third report covers the fiscal year of October 1, 2000 through September 30, 2001 and RSAT graduates are now out of prison and living in their communities, this report focuses on program outcomes.

The original RSAT pilot envisioned 150 RSAT beds, funded through a combination of federal grant and State funds. Additional RSAT beds were funded through the availability of legislative pilot funding. As of 9/30/01, the MDOC operates two pilot RSAT programs totaling 230 beds, providing service to both male and female offenders.

Below we provide background information on the RSAT programs before summarizing the program outcomes.

- Cooper Street's (JCS) six month RSAT program opened January 1999 in Jackson at a secure Level I (minimum security) men's prison with 152 beds later expanding to 272 beds (making it one of the largest RSAT programs in the country). As this fiscal year ended, the program reverted to 152 beds (all on one unit), with approximately 124 beds assigned to RSAT and 28 beds dedicated to a new post-RSAT step-down unit.
- Camp Branch's (CDW) six month RSAT program opened in October 1999 in Coldwater at a Level I women's facility with 100 beds; 60 for primary RSAT treatment and 40 for step-down. The Camp Branch program closed in early July 2001 as the facility was converted to a men's prison. A new women's RSAT was opening at the end of this fiscal year at the Western Wayne women's facility.
- Macomb's (MRF) nine month RSAT program in New Haven opened January 2000 at a Level II (medium security) men's prison with 184 beds; 136 for RSAT treatment and 48 for step-down.

The goal of the RSAT programs is to reduce relapse and recidivism among substance abusing offenders through therapeutic interventions that prepare them for return to the community.

The programs aim to accomplish these goals by providing six months (nine months at Macomb) of residential treatment. The therapeutic focus is on reducing both substance abuse and criminal behaviors by using a cognitive behavioral treatment model. This treatment

model has an orientation phase, two intensive treatment phases and a brief segment for preparation to return to the community.

Criteria for program entry include:

- Level I (minimum) security placement (Level II at Macomb)
- Substance abuse/dependence level 3 or 4 on the SASSI (or equivalent)¹
- Earliest release date (ERD) within nine to 18 months.
- If serving for an assaultive or sex offense, must have completed recommended assaultive or sex offender programming.
- No mental or physical health issues that would prevent participation

The RSAT treatment units, based on the ‘therapeutic community’ living model, have been substantially modified to fit the needs of the prisons. As such, the living units are dedicated to treatment, but not entirely self-contained. RSAT participants interact with fellow prisoners in the yard, at mealtimes and on their jobs. Upon graduation residents of the RSAT programs have the option of entering a follow up treatment program in a step-down unit for up to six months. After release from prison, RSAT graduates are followed for 12 months in the community during which time they are referred for outpatient substance abuse treatment.

Overview of Outcomes

Outcome measures used to evaluate MDOC treatment programs included:

- Relapse: defined as the entry of a positive urine drug screen on the MDOC Corrections Management Information System (CMIS) database.
- Recidivism: defined as parole revocation occurring when an offender has received a sustained violation of parole, loses their current community status and is returned to a state prison on the same sentence. A “new commitment” (re-incarceration) to prison is also considered recidivism if, for example, the offender incurs a new sentence during the evaluation period through 9/30/01, regardless of whether the offender is on parole or has been discharged from parole.
- New Arrest: includes cases in which the program graduate was arrested (although not necessarily convicted) for a new felony offense. Arrests for misdemeanor or ordinance offenses were not included. New arrest data was obtained through the Law Enforcement Information Network (LEIN).

The following table shows treatment outcomes for RSAT graduates as compared to a carefully selected comparison group. The comparison group received no drug treatment (No Treatment group). The table reveals the percentage of offenders at three points in time who are: drug and arrest free and who are still in the community (did not recidivate). When compared to male offenders who never received drug treatment, the men’s RSAT groups had more offenders who remained in the community and remained drug and arrest free at all time periods.²

¹ The Substance Abuse Subtle Screening Inventory (SASSI) is a measure that assesses level of alcohol/drug involvement and is now administered by the Michigan Department of Corrections to all offenders upon entry into the prison system. Levels 3 and 4 indicate a high probability of substance dependency and severe dependency, respectively.

² These categories actually represent offenders who have been in the community for 6-11 months, 12-17 months and 18 months or greater.

We note a substantial difference in drug free rates between JCS RSAT and the No Treatment group; untreated offenders have a higher relapse rate when compared to the men who received RSAT treatment. Recidivism and arrest rates are somewhat less positive and thus, should be carefully followed. We will be interested in tracking these offenders next year to see which trends continue.

TABLE 1. OUTCOMES OF RSAT PROGRAM GRADUATES AND NO-TREATMENT GROUPS

TREATMENT MODALITIES	<u>PERCENT DRUG FREE</u>			<u>PERCENT STILL IN COMMUNITY</u>			<u>PERCENT ARREST FREE</u>		
	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months
JCS RSAT (Men)	82% <i>n=467</i>	70% <i>n=305</i>	64% <i>n=159</i>	95% <i>n=467</i>	82% <i>n=305</i>	62% <i>n=159</i>	92% <i>n=467</i>	89% <i>n=305</i>	79% <i>n=159</i>
MRF RSAT (Men)	64% <i>n=36</i>			92% <i>n=36</i>			97% <i>n=36</i>		
No Treatment Group – Men	58% <i>n=72</i>	47% <i>n=72</i>	44% <i>n=72</i>	92% <i>n=72</i>	79% <i>n=72</i>	56% <i>n=72</i>	85% <i>n=72</i>	82% <i>n=72</i>	71% <i>n=72</i>
CDW RSAT (Women)	84% <i>n=45</i>	82% <i>n=22</i>		96% <i>n=45</i>	82% <i>n=22</i>		98% <i>n=45</i>	91% <i>n=22</i>	

* Empty cells are due to lack of sufficient numbers or time in the community for statistical calculations

The women attending the Camp Branch (CDW) RSAT program did extremely well in remaining drug and arrest free while living in their communities. A “no treatment” comparison group for women could not be established because the MDOC database could not provide a sufficient number of women offenders, with substance abuse histories, who had not received any form of treatment. The data for the CDW RSAT group is very encouraging. One year after their release, an impressive number of women remained drug and arrest free as well as remaining in the community.

The evaluation looked at other treatment modalities offered by the MDOC in addition to residential programs in prison. The table that follows shows percent drug free, remaining in the community and arrest free at 6, 12 and 18 months in the community for three other MDOC treatment programs: Community Residential, Prison/Community Outpatient and Prison Outpatient models. Consistent with national drug treatment trends, a percentage of all treatment

graduates experienced relapse, recidivism and arrest as time progressed. These rates are expected. What was not expected were the high arrest free rates of the Community Residential group. Given that this high risk group was referred to residential because of substance abuse tests or violations in the community, these rates are notable because they are not committing new felonies that would cause them to be arrested. This means that major criminal behavior is reduced for this group at all three time periods as cited in the table below.

TABLE 2. OUTCOMES OF NON-RSAT PROGRAM GRADUATES

Treatment Modalities	<u>PERCENT DRUG FREE</u>			<u>PERCENT STILL IN COMMUNITY</u>			<u>PERCENT ARREST FREE</u>		
	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months
Community Residential	76% <i>n=114</i>	68% <i>n=114</i>	64% <i>n=114</i>	93% <i>n=114</i>	85% <i>n=114</i>	56% <i>n=114</i>	96% <i>n=114</i>	92% <i>n=114</i>	81% <i>n=114</i>
Prison/Community Outpatient	82% <i>n=152</i>	75% <i>n=152</i>	66% <i>n=152</i>	84% <i>n=152</i>	75% <i>n=152</i>	61% <i>n=152</i>	95% <i>n=152</i>	92% <i>n=152</i>	81% <i>n=152</i>
Prison Outpatient	81% <i>n=48</i>	76% <i>n=42</i>	78% <i>n=27</i>	90% <i>n=48</i>	83% <i>n=42</i>	59% <i>n=27</i>	96% <i>n=48</i>	88% <i>n=42</i>	78% <i>n=27</i>

RSAT Outcomes

In addition to reviewing all treatment programs, this report specifically focuses on the RSAT programs. We were able to gather more information on the Cooper Street (JCS) program because it is the longest standing and the largest of the three programs; highlights of the programs' achievements follow:

- 94% successful program completion rate for this fiscal year
- 86% successful program completion since program began in January 1999
- Statistically significant lower drug relapse at 6, 12, and 18 months than No Treatment group
- Statistically significant lower arrest rates at 6 months than No Treatment group
- Statistical trend of lower arrest rates at 12 months than No Treatment group
- Significantly lower relapse, recidivism and arrest rates for JCS graduates completing community aftercare treatment compared to non-completers.

Camp Branch RSAT highlights:

- 78% successful program completion rates for this fiscal year
- 77% successful program completion since program began in October 1999

- 82% were drug free at 12 months
- 91% were arrest free at 12 months

Macomb RSAT highlights:

- 70% successful completion rate for this fiscal year (lower rate due to closing)
- 64% remained drug free at 6 months in the community
- 92% remained in the community (did not recidivate) at 6 months
- 97% remained arrest free at 6 months in the community

The recidivism and relapse rates appear quite promising, especially given that the Macomb graduates have a more extensive criminal history and are likely more recalcitrant than offenders in other RSAT treatment programs, as substantiated by demographic data collected at admission.

Limitations

This research was designed to look at all of the MDOC treatment programs. It was not designed to determine whether one program is more effective than the others. Differences in the make up of the groups, the size of the groups, and the nature of the treatment programs prevent us from comparing them. We, therefore, cannot compare the programs to each other for effectiveness, and (except for RSAT) we cannot compare them to the No Treatment group for effectiveness. Based on the data in this report, we recognize the value of each type of program for treating the specific needs of offenders.

Evaluation Summary and Recommendations

We found indicators of long term effectiveness for Cooper Street (JCS) RSAT treatment program. The other MDOC substance abuse treatment programs attained a similar level of success. (The reader is again cautioned against making comparisons of any of the treatment programs; the groups are not comparable). The graduates of the Camp Branch RSAT program were very successful at remaining drug and arrest free.

Based on the data presented in this report, we strongly recommend the continuation of the pilot RSAT programs. We also observe that those program graduates who completed community-based aftercare treatment fared far better in the community, with significantly lower relapse, recidivism, and arrest rates than their counterparts who did not enroll/complete community treatment. We therefore strongly support the continuum of care, a continuum characterized by rapid referral to community treatment programs and monitoring of actual enrollment and completion. It is particularly important that offenders be referred to treatment before they relapse. To this end, we support the continual flow of communication between RSAT discharge planners, parole agents and community treatment providers as one way of enhancing prevention for the offender in the community.

2. INTRODUCTION

The relationship between criminal behavior and substance abuse has been well documented over the last decade, with 50% -75% of adults testing positive for drugs at the time of arrest (CASA, 1998). Recognizing this relationship, 40% of all correctional facilities nationwide offer some type of substance abuse treatment (U.S. Department of Health and Human Services, 2000). The criminals' social systems that support a deviant lifestyle share several common features such as: non-accountability; lack of confidence in getting needs/wants met without drugs or crime; "black and white" thinking that is rigid and simplistic; presumption of lack of social or community cohesion (Walters, 2002).

Given the pre-prison lifestyles of Michigan's offenders, the Michigan Department of Corrections (MDOC) offers several types of treatment in prison and in the community. The overall goal of the ongoing, MDOC substance abuse treatment program is to address the treatment needs of Michigan offenders in order to reduce relapse and re-arrest. With this goal in mind, the following report evaluates the impact of the Residential Substance Abuse Treatment (RSAT) programs and other types of treatment programs offered by MDOC in an attempt to address the commonalities between substance abuse and criminal behaviors and diminish both.

In order to test the benefits of an in-prison, residential drug treatment program, in 1998, the Michigan Department of Corrections (MDOC) used federal and State monies to pilot three Residential Substance Abuse Treatment (RSAT) programs in Michigan. An independent evaluation of these programs was mandated and the University of Michigan's *Substance Abuse Research Center*, under the direction of Dr. Carol J. Boyd, completed an annual independent evaluation of the three RSAT programs in Michigan for the year 2000-01.

3. MDOC TREATMENT PROGRAMS

We assessed the long-term outcomes of three RSAT programs, as well as three additional MDOC substance abuse treatment programs. We found that all men's treatment groups generally had positive outcomes, and that the non-treatment group had decidedly poorer outcomes. Women's treatment outcomes were very impressive in their ability to remain drug and arrest free.

This assessment examines the long-term outcomes of successful graduates of three RSAT programs (Cooper Street [JCS], Camp Branch [CDW] and Macomb [MRF]) and three other treatment programs offered by the Michigan Department of Corrections (Community Residential, Prison/ Community Outpatient [prison outpatient with subsequent community outpatient] and Prison Outpatient only). For the purpose of comparison, we also report on the outcomes of offenders with substance abuse treatment needs who did not receive any known form of treatment during or after their incarceration (referred to as the 'No Treatment' group).³ Three main outcome measures are examined - relapse rate, recidivism, and arrest rate - at six months, 12 months, and 18 months⁴ after offenders were released into the community.⁵ This section concludes with descriptive data on the background characteristics of the various treatment groups; we offer these descriptions in order to highlight distinctions in the histories of these offender populations.

A. TREATMENT OUTCOMES⁶

Throughout this report, we use the following operational definitions:

Drug Relapse – Drug relapse was measured by the presence of positive drug screens during parole. Urine drug screens are required as a condition of parole and monitored by the parole agents. The data is stored in the CMIS database. Only reference laboratory drug screens are recorded in the CMIS database. Negative on-site tests and tests conducted at non-MDOC contracted treatment locations are not recorded in CMIS, but they appear in a system used by the supervising agents.

Recidivism – Recidivism was defined as parole revocation occurring when an offender has received a sustained violation of parole, loses their current community status and is returned to a state prison on the same sentence. A “new commitment” (re-incarceration) to prison is also considered recidivism if, for example, an offender incurs a new sentence during the evaluation period through 9/30/01, regardless of whether the offender is on parole or has been discharged from parole.

³ No treatment between 9/30/97 and 9/30/99 and no treatment completed by 9/30/01.

⁴ These categories actually represent offenders who have been in the community for 6-11 months, 12-17 months and 18 months or greater.

⁵ Please see the Methodology section in the Appendix for further information on the evaluation research design, group selection criteria, and outcome variable definitions.

⁶ Information supplied by the Department of Corrections, MDOC Corrections Management Information System (CMIS) and Michigan State Police Law Enforcement Information Network (LEIN) databases are used as data sources for all analyses in this report.

New Arrest – New arrests include cases in which the program graduate was arrested (although not necessarily convicted) for a new felony offense. Arrests for misdemeanor or ordinance offenses were not included. New arrest data were obtained through the Law Enforcement Information Network (LEIN). Information on convictions was not available at the time of this report because of the length of time involved in the processing and reporting of convictions.

The table below shows treatment outcomes for RSAT graduates as compared to the group that received no treatment (No Treatment Group). The table reveals the percentage of offenders who are drug free, those that are arrest free, and the percentage of those who remain in the community (did not recidivate). When compared to male offenders who never received drug treatment, the men's RSAT group had more offenders that remained in the community and drug and arrest free at all time periods.

We note a substantial difference in drug free rates between JCS RSAT and the No Treatment group; untreated offenders have a higher relapse rate when compared to the men who received RSAT treatment. Recidivism and arrest rates are somewhat less positive at 12 months and 18 months. We will be interested in tracking these offenders next year to see which trends continue.

TABLE 3. OUTCOMES OF RSAT PROGRAM GRADUATES AND NO-TREATMENT GROUPS

TREATMENT MODALITIES	<u>PERCENT DRUG FREE</u>			<u>PERCENT STILL IN COMMUNITY</u>			<u>PERCENT ARREST FREE</u>		
	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months
JCS RSAT (Men)	82% <i>n=468</i>	70% <i>n=305</i>	64% <i>n=159</i>	95% <i>n=468</i>	82% <i>n=305</i>	62% <i>n=159</i>	92% <i>n=468</i>	89% <i>n=305</i>	79% <i>n=159</i>
MRF RSAT (Men)	64% <i>n=36</i>			92% <i>n=36</i>			97% <i>n=36</i>		
No Treatment Group – Men	58% <i>n=72</i>	47% <i>n=72</i>	44% <i>n=72</i>	92% <i>n=72</i>	79% <i>n=72</i>	56% <i>n=72</i>	85% <i>n=72</i>	82% <i>n=72</i>	71% <i>n=72</i>
CDW RSAT (Women)	84% <i>n=45</i>	82% <i>n=22</i>		96% <i>n=45</i>	82% <i>n=22</i>		98% <i>n=45</i>	91% <i>n=22</i>	

* Empty cells are due to lack of sufficient numbers or time in the community for statistical calculations

Cooper Street (JCS) RSAT – The six month, 12 month and 18 month outcomes for the graduates of JCS RSAT are positive. Those RSAT graduates who remained in their communities showed obvious improvement (relative to relapse, recidivism and arrest), particularly when compared to men who received no drug treatment.

Macomb (MRF) RSAT– MRF RSAT graduates were more apt to remain arrest free when compared to men who never received RSAT. By the end of their first six months in the community, only 3% of Macomb RSAT had been arrested and 64% remained drug free. This group of offenders is more challenging than the JCS RSAT recipients because generally, these men had more previous incarcerations or violent behavior and have been assigned a higher level of security than the JCS men. No conclusions can be drawn between this group and the comparison group (No Treatment- Men) as they were selected at different times and have less time in the community.

No Treatment – Men – The ‘no treatment’ group provides us with our best indication of what happens if the substance abuse treatment needs of offenders are not addressed. In the case of male offenders, the outcomes appear poor: 56% of the men who did not receive drug treatment demonstrated signs of drug relapse at 18 months, 56% stayed in the community at 18 months, and 71% remained free of arrest on a new offense.

Camp Branch (CDW) RSAT – Outcome findings of the CDW RSAT graduates were impressive in that at 12 months after their release 82% remain drug free, 82% remain in the community and 91% remain arrest-free.

The following table shows percent drug free, remaining in the community and arrest free at six, 12 and 18 months in the community for three additional MDOC treatment programs: Community Residential, Prison/Community Outpatient and Prison Outpatient models. Consistent with national drug treatment trends, a percentage of all treatment graduates experienced relapse, recidivism and arrest as time progressed. This finding was expected but we will have to follow these three groups for longer to see if a leveling off occurs.

TABLE 4. OUTCOMES OF NON-RSAT PROGRAM GRADUATES

Treatment Modalities	<u>PERCENT DRUG FREE</u>			<u>PERCENT STILL IN COMMUNITY</u>			<u>PERCENT ARREST FREE</u>		
	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months
Community Residential	76% <i>n=114</i>	68% <i>n=114</i>	64% <i>n=114</i>	93% <i>n=114</i>	85% <i>n=114</i>	56% <i>n=114</i>	96% <i>n=114</i>	92% <i>n=114</i>	81% <i>n=114</i>
Prison/Community Outpatient	82% <i>n=152</i>	75% <i>n=152</i>	66% <i>n=152</i>	84% <i>n=152</i>	75% <i>n=152</i>	61% <i>n=152</i>	95% <i>n=152</i>	92% <i>n=152</i>	81% <i>n=152</i>
Prison Outpatient	81% <i>n=48</i>	76% <i>n=42</i>	78% <i>n=27</i>	90% <i>n=48</i>	83% <i>n=42</i>	59% <i>n=27</i>	96% <i>n=48</i>	88% <i>n=42</i>	78% <i>n=27</i>

Community Residential – The graduates of Community Residential sustained high arrest free rates at six, 12 and 18 months. These findings speak to the success of this program’s impact on criminal activity for a difficult to manage population. Most remained in the community at six and 12 months, but the recidivism rate increased at 18 months with a dip to 56% remaining in the community. This means that Community Residential graduates, while returning to prison at 18 months on technical violations of parole (curfew, relapse, etc), are not committing new felonies that would cause them to be arrested.

Prison/Community Outpatient - The outcomes of the graduates of Prison/Community Outpatient group are also quite positive with respect to freedom from arrest. Their drug free status and ability to remain in their communities at six, 12 and 18 months follow a similar pattern to graduates from the Community Residential program.

Prison Outpatient – The men who were in the Prison Outpatient group tended to be arrest free and remain in their communities after six and 12 months post-prison release. Like the others, after the first year, arrest rates become higher. Drug free rates for this group are modest but stable.

B. DEMOGRAPHICS

The next page shows a description of the background and characteristics of the graduates of treatment and non- treatment groups. The RSAT programs were somewhat balanced racially, and reflect the population at that security level. Macomb, being a Level II (medium security) facility had a higher rate of offenders incarcerated four or more times, while the women at Camp Branch (CDW) had the highest percentage of first time incarcerations. Except for the CDW RSAT, women remained a distinct minority in other programs (they account for 7.6% of incoming prisoners in MDOC). The higher rate of mental health treatment history, among the

CDW group is not surprising, as women historically tend to enter treatment more often than men and substance abusing women are more likely to have co-occurring mental health problems.

TABLE 5. DEMOGRAPHICS OF PROGRAM GRADUATES AND NO TREATMENT GROUP

Treatment Groups	Race			#Times Previously Incarcerated			Sex		Education*			Previous Mental Health TX	
	BLACK	WHITE	OTHER	1	2 OR 3	4 OR MORE	MALE	FEMALE	LESS THAN HIGH SCHOOL	HIGH SCHOOL GED	COLLEGE	YES	NO
JCS RSAT	50%	47%	3%	42%	43%	15%	1048	N/A	39%	54%	7%	21%	79%
MRF RSAT	56%	41%	3%	25%	52%	23%	222	N/A	32%	61%	7%	20%	80%
Community Residential	38%	59%	3%	51%	40%	9%	95	19	29%	61%	10%	18%	82%
Prison Community Outpatient	55%	43%	2%	46%	45%	9%	133	19	46%	48%	6%	17%	83%
Prison Outpatient	65%	34%	1%	46%	45%	9%	65	20	42%	49%	8%	15%	85%
No Treatment Group-Men	54%	39%	7%	40%	49%	11%	72	N/A	40%	50%	10%	18%	82%
CDW RSAT (Women)	46%	52%	2%	54%	44%	2%	N/A	132	39%	54%	7%	35%	64%

* Less than 1% educational status unknown

C. SUMMARY OF MDOC TREATMENT PROGRAMS

In reviewing the long-term outcomes of MDOC RSAT and outpatient and community models of treatment, we found that generally all men's treatment groups had more positive outcomes than untreated groups. The women's Camp Branch RSAT program also had positive outcome results maintaining high arrest free, relapse free, and community retention numbers.

A note of caution to the reader: this research was designed to look at all of the MDOC treatment programs. It was not designed to determine whether one program is more effective than the others. Differences in the make up of the groups, the size of the groups, and the nature of the treatment programs prevent us from comparing them. We, therefore, cannot compare the programs to each other for effectiveness, and (except for RSAT) we cannot compare them to the No Treatment group for effectiveness. Based on the data in this report, we recognize the value of each type of program for treating the specific needs of offenders.

4. JACKSON COOPER STREET (JCS) RSAT IN-DEPTH OUTCOMES

The goal of the Jackson Cooper Street RSAT program is to rehabilitate male offenders with histories of substance abuse by decreasing the rate of drug abuse and criminal activity among this group. Findings from our evaluation indicate that the JCS program is successfully achieving these goals in that its graduates had a significant decrease in rates of drug abuse even at 18 months and greater and significantly lower arrest rates at six months. We tracked community-based aftercare treatment exposure for JCS RSAT graduates and found that those who complete aftercare treatment have significantly lower relapse, recidivism and arrest rates. The program addresses both criminal thinking and behavior as well as drug addiction. JCS graduates achieved decreases in both areas.

The Jackson Cooper Street RSAT program is a 272 bed program designed specifically to address the treatment needs of substance abusing male offenders with minimum security restrictions. The goal of the program is to reduce drug relapse and recidivism among substance abusing male prisoners through interventions that prepare them for return to the community. The six-month residential treatment focuses on eliminating the links between substance abuse and criminal behavior, and diminishing both.

A. APPLICATIONS, ADMISSIONS, DISCHARGES

Since the start of the program, 2,820 offenders applied to the JCS RSAT program. Of these 2,820, roughly half (1,394) have been admitted to the program. As of 9/30/01, 85% (1,047) of those admitted have successfully completed the program. For the current year, 891 offenders applied to the program and 400 were actually admitted. There was a 94% successful completion rate for the current year (or 456 of 487). The results are graphically displayed in the table below.

TABLE 6. JCS RSAT: APPLICATIONS, ADMISSIONS & DISCHARGES

DATES	APPLICATIONS	ADMISSIONS	DISCHARGES		% Successful Completions
			Successful	Unsuccessful	
<u>CURRENT YEAR</u> 10/1/00-9/30/01	891	400	456	31	94%
<u>SINCE START OF PROGRAM</u> 10/1/98-9/30/01	2820	1394	1047	183	85%

B. PROGRAM OUTCOMES

We examined the long-term outcomes of the JCS RSAT graduates in terms of their drug relapse, recidivism, and arrests once they were released into the community.⁷ Four hundred sixty seven (467) RSAT graduates had been released from prison and residing in the community for at least six months, 305 RSAT graduates had been in the community for at least 12 months, and 159 RSAT graduates had been in the community for approximately 18 months. A group of male offenders eligible for the JCS program but receiving no substance abuse treatment was selected as a comparison group to the RSAT graduates who had been in the community at least 18 months (referred to as No Treatment group $N = 72$). The offenders in the No Treatment group had to have been released from prison at approximately the same time as the first RSAT graduates.

The table and bar charts below show the outcomes of the RSAT graduates who had been in the community for a minimum of six months, 12 months and 18 months. These outcomes appear quite positive. The rate of drug relapse for the JCS RSAT group at all three points in time was significantly lower than the rate of drug relapse for the No Treatment group.⁸ Further, arrest rates for the six month group were significantly less than the No Treatment group⁹ and at 12 months were showing a positive statistical trend.¹⁰ We found no statistical significance in recidivism rates between JCS RSAT and the No Treatment group. The lower rate of criminal behavior in the JCS RSAT group as evidenced by no new arrests is particularly noteworthy. Many treatment programs for drug abusing offenders address drug addiction but not criminal thinking and behavior, achieving decreases in drug abuse, but not criminal behavior. JCS RSAT graduates appear to be achieving decreases in both drug abuse and criminal behavior based on the rates cited below.

TABLE 7. OUTCOMES OF JCS RSAT PROGRAM GRADUATES AND NO-TREATMENT GROUP

TREATMENT MODALITY	PERCENT DRUG FREE			PERCENT STILL IN COMMUNITY			PERCENT ARREST FREE		
	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months
JCS RSAT	82%	70%	64%	95%	82%	62%	92%	89%	79%
	$n=467$	$n=305$	$n=159$	$n=467$	$n=305$	$n=159$	$n=467$	$n=305$	$n=159$
No Treatment Group – Men	58%	47%	44%	92%	79%	56%	85%	82%	71%
	$n=72$	$n=72$	$n=72$	$n=72$	$n=72$	$n=72$	$n=72$	$n=72$	$n=72$

⁷ Please see Methodology section in the Appendix for further information.

⁸ $\chi^2=20.47, df=1, p<.0001$; $\chi^2=13.19, df=1, p<.001$; $\chi^2=7.38, df=1, p<.01$ (6, 12, and 18 months respectively)

⁹ ($\chi^2=4.49, df=1, p<.05$)

¹⁰ ($\chi^2=2.27, df=1, p<.10$)

Figure 1 Comparison of Drug Free Rates: JCS RSAT Grads and No Treatment Group

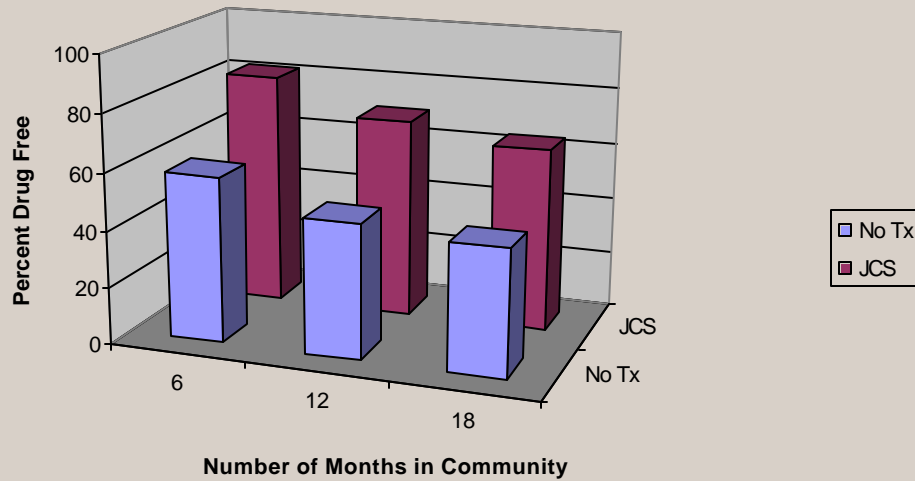
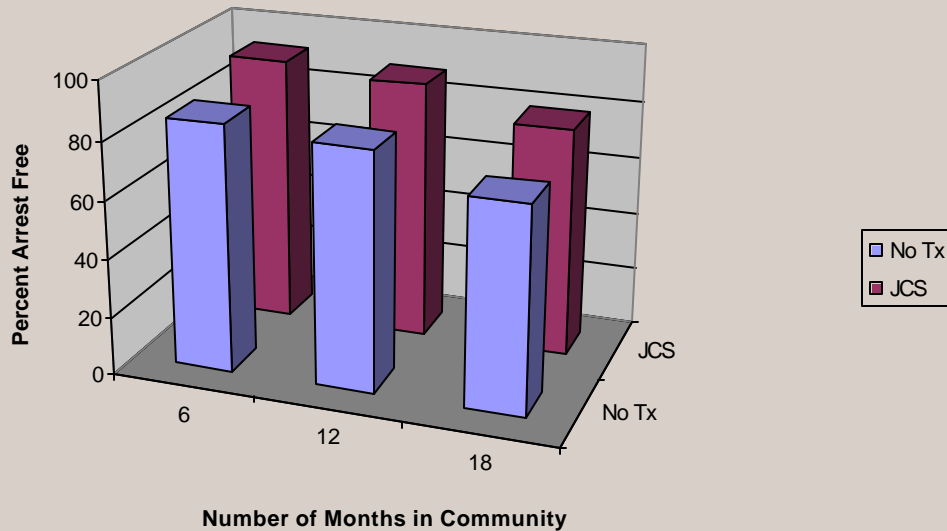


Figure 2 Comparison of Arrest Free Rates: JCS RSAT Grads and No Treatment Group



C. AFTERCARE TREATMENT OUTCOMES

The six month JCS RSAT program is followed by a one-year aftercare program with treatment that occurs once the graduate is released into the community. The purpose of the aftercare program is to provide a continuum of treatment to the JCS RSAT graduate while he re-adjusts to community life. This section reports on the placement of JCS RSAT graduates in the aftercare component of the program. The table below shows the aftercare treatment status of JCS RSAT graduates who were in the community by the end of this fiscal year. We then compare outcomes for the graduates who enrolled in aftercare treatment with those who were not known to have

enrolled in aftercare treatment according to CMIS data. (Graduates of RSAT can be referred to other community treatment agencies that don't report admissions to CMIS.)

TABLE 8. AFTERCARE TREATMENT STATUS OF JCS RSAT GRADS IN THE COMMUNITY BY 9/30/01

Grads in the Community	Grads Enrolled in Community TX*	Grads with No Record of Community TX	Grads with Documented Reasons for No TX
<u>N=647</u>	<u>N=330</u>	<u>N=163</u>	<u>N=154</u>

* Within 1 year of prison release

Of the 647 JCS RSAT graduates who were released from prison by 9/30/01, CMIS data indicates that 330 have enrolled in community residential or outpatient treatment within one year of prison release and 187 have successfully completed since the start of the program. Of the 317 cases with no aftercare treatment record (combination of columns 3 and 4 above), 154 are cases for which information was available to account for non-enrollment. The following are documented reasons for lack of enrollment in aftercare:

Total Offenders 154:

- 14 offenders: were assessed for treatment but did not enroll
- 40 offenders: absconded, escaped within 31 days of prison release, paroled out of state, or were discharged from parole
- 32 offenders: were released from prison 9/1/01 or later and were not in the CMIS database by the 9/30/01 cutoff
- 68 offenders: were re-incarcerated (most between six and nine months after release, and had not enrolled by then)

One possible reason for the lack of documentation on the remaining 163 cases is enrollment in non-MDOC contractual treatment providers. Unfortunately, we are unable to track those offenders who sought treatment through non-MDOC contractual providers and consequently, we are unable to determine how many additional graduates might have received treatment but at this time, are unaccounted for by the MDOC CMIS system. MDOC also maintains an OMNI database that in the future may account for others.

The table below shows relapse, recidivism and arrest status for all JCS RSAT graduates in the community who completed community treatment after prison release compared to all JCS RSAT graduates in the community for whom we have no record of enrollment. We report the percentages of those who were not relapsing, recidivating or re-arrested.

TABLE 9. OUTCOMES OF JCS RSAT GRADS COMPLETING AFTERCARE TX/ NO RECORD OF AFTERCARE TX

	<u>DRUG FREE</u>	<u>STILL IN COMMUNITY</u>	<u>ARREST FREE</u>
COMPLETED AFTERCARE TX N = 187	66.1%	80.7%	92.7%
NO RECORD OF AFTERCARE TX N = 163	55.4%	66.9%	79.2%

NOTE: Relapse: $\chi^2=2.82, df=2, p<.10$; Recidivism: $\chi^2=5.77, df=2, p<.01$; Arrest: $\chi^2=8.55, df=2, p<.01$

Aftercare treatment for JCS RSAT graduates significantly improves outcomes in terms of relapse, recidivism, and arrest rates. Of those who completed aftercare treatment: 66.1% remained drug free compared to 55.4% of non-completers; 80.7% remained in the community compared to 66.9% non-completers; and 92.7% remained arrest free compared to 79.2% of non-completers. It is important to note that this analysis does not take into account the fact that those graduates who finish aftercare are likely more motivated to improve than those graduates who did not complete aftercare. Nevertheless, these clear differences signal the importance of completing post-RSAT community treatment in order to sustain and solidify the gains made in the RSAT program and enhance functioning in the community.

D. SUMMARY OF JCS RSAT PROGRAM

Outcomes from this program appear quite positive. The JCS RSAT program had a successful completion rate of 94% this year for those entering the RSAT program. Of those graduates in the community for up to 18 months and longer, drug abuse was significantly lower when compared to the men's No Treatment group. Recidivism rates were also lower than the No Treatment group, though not at a significant level. Arrest rates were statistically lower at six months and exhibited a statistical trend at 12 months. This is particularly noteworthy as many treatment programs for drug abusing offenders address drug addiction but not criminal thinking and behavior. Thus they often achieve decreases in drug abuse but not criminal behavior. JCS RSAT graduates appear to be achieving decreases in both drug abuse and criminal behavior. In comparing the number of JCS RSAT graduates who enroll in community treatment by the end of their first year with those who are eligible for such treatment, we note an important number that are not known to be enrolled. Given the success rates of those treated in aftercare, larger numbers of graduates referred to, enrolled in, and completing treatment may well enhance outcomes in the community.

5. CAMP BRANCH RSAT IN-DEPTH OUTCOMES

The goal of the Camp Branch (CDW) RSAT program was to rehabilitate female offenders with histories of substance abuse by decreasing the rate of drug abuse and associated criminal activity among this group. Findings from our evaluation indicate that the program was successful in achieving its goals.

The Camp Branch RSAT program was a 60-bed program designed specifically to address the treatment needs of substance abusing female offenders with minimum security restrictions. The goal of the program was to reduce drug relapse and recidivism among substance abusing female prisoners through interventions that prepare them for return to the community. The six-month residential treatment focused on eliminating the links between substance abuse and criminal behavior, and diminishing both. This treatment served as a framework for continued recovery in the aftercare program by facilitating practical planning, supportive networks and ongoing treatment in the community.

The Camp Branch RSAT program opened in October 1999 and had to be closed in September 2001 because the Coldwater Facility was converted to an all male facility. The women's RSAT program was transferred to the Western Wayne Facility shortly after the Camp Branch RSAT program closing. Because the Western Wayne RSAT program did not open until the end of this fiscal year, no assessment of that program is included in this report.

A. APPLICATIONS, ADMISSIONS, DISCHARGES

Since the start of the program, 301 offenders applied to the Camp Branch RSAT program. Of these 301, 60% (180) were admitted to the program. By the close of the program, 77% (132) of those admitted had successfully completed the program. For the current year, 97 offenders applied to the program and 56 were actually admitted. There was a 78% successful completion rate for the current year (or 73 of 93). Admissions were lower this year due to planning for the close of the program several months before the end of the fiscal year.

TABLE 10. CDW RSAT: APPLICATIONS, ADMISSIONS & DISCHARGES

DATES	APPLICATIONS	ADMISSIONS	DISCHARGES		% Successful Completions
			<u>Successful</u>	<u>Unsuccessful</u>	
<u>CURRENT YEAR</u> 10/1/00- 6/30/01	97	56	73	20	78%
<u>SINCE START OF PROGRAM</u> 10/1/99- 6/30/01	301	180	132	40	77%

B. PROGRAM OUTCOMES

We examined the long-term outcomes of the Camp Branch RSAT graduates in terms of their drug relapse, recidivism, and arrests once they were released into the community.¹¹ Forty-five (45) RSAT graduates had been released from prison and residing in the community for at least six months and 22 RSAT graduates had been in the community for more than one year. These two groups were examined in terms of their relapse, recidivism and arrest rates. A ‘no treatment’ group of female offenders could not be established for CDW RSAT outcome comparison, as a sufficient pool of women prisoners with substance abuse histories but no treatment could not be found. The outcomes of the CDW RSAT graduates who had been in the community for at least six and 12 months are very promising. At 12 months, graduates retain high arrest free (91%) and drug free (82%) rates while 82% remain in the community.

TABLE 11. OUTCOMES OF CDW RSAT PROGRAM GRADUATES

TREATMENT MODALITY	<u>PERCENT DRUG FREE</u>			<u>PERCENT STILL IN COMMUNITY</u>			<u>PERCENT ARREST FREE</u>		
	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months
CDW RSAT	84% <i>n=45</i>	82% <i>n=22</i>		96% <i>n=45</i>	82% <i>n=22</i>		98% <i>n=45</i>	91% <i>n=22</i>	

* Empty cells are due to lack of sufficient numbers or time in the community for statistical calculations

C. SUMMARY OF CDW RSAT PROGRAM

The Camp Branch RSAT program proved successful at meeting its goals with a 78% successful completion rate and high drug and arrest free percentages at 12 months or greater in the community.

¹¹ Please see Methodology section in the Appendix for further information on the evaluation research design, group selection criteria, and outcome variable definitions.

6. MACOMB RSAT IN-DEPTH OUTCOMES

The goal of Macomb RSAT program was to rehabilitate male offenders with medium security needs (Level II) and histories of substance abuse by decreasing the rate of drug abuse and criminal activity among this group. Findings based on the graduates who have been in the community for at least six months suggest that the Macomb program was likely reaching this goal in that its graduates had low rates of recidivism and arrests.

The Macomb (MRF) RSAT program was a 184-bed program designed specifically to address the treatment needs of substance abusing male offenders with medium security restrictions (Level II). The goal of the program was to reduce drug relapse and recidivism among substance abusing male prisoners through interventions that prepare them for return to the community. The nine-month residential treatment focused on eliminating the links between substance abuse and criminal behavior, and diminishing both. The Macomb RSAT program began in January 2000 and closed at the end of this fiscal year.

A. APPLICATIONS, ADMISSIONS, DISCHARGES

Since the start of the program, 717 offenders applied to the Macomb RSAT program. Of these 717, roughly half (349) were admitted to the program. For the current year, 394 offenders applied to the program and 194 were actually admitted. There was a 70% successful completion rate for the current year (or 224 of 321). The lower completion rate was due to the program's closure in late September 2001 resulting in approximately one-half of all discharges being released from the program early.

TABLE 12. MRF RSAT: APPLICATIONS, ADMISSIONS & DISCHARGES

DATES	APPLICATIONS	ADMISSIONS	DISCHARGES		% Successful Completions *
			<u>Successful</u>	<u>Unsuccessful</u>	
<u>CURRENT YEAR</u> 10/1/00-9/30/01	394	194	224	97	70%
<u>SINCE START OF PROGRAM</u> 1/1/00-9/30/01	717	349	N/A	N/A	N/A

* Completions would be 86% if program closure were not counted

B. PROGRAM OUTCOMES

We examined the long-term outcomes of the 36 Macomb RSAT graduates who had been released from prison and residing in the community for at least six months. We specifically focused on their drug free status, rate remaining in the community (not recidivating), and arrests free status once they were released into the community.¹² Among this group of graduates, 64% remained drug free, 92% remained in the community and 97% remained arrest free. It is too early to draw conclusions regarding this program. We look forward to assessing this group next year.

TABLE 13 OUTCOMES OF MRF RSAT PROGRAM GRADUATES

TREATMENT MODALITY	<u>PERCENT DRUG FREE</u>			<u>PERCENT STILL IN COMMUNITY</u>			<u>PERCENT ARREST FREE</u>		
	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months	Out 6 Months	Out 12 Months	Out 18 Months
MRF RSAT	64% <i>n=36</i>	N/A	N/A	92% <i>n=36</i>	N/A	N/A	97% <i>n=36</i>	N/A	N/A

C. SUMMARY OF MRF RSAT PROGRAM

The program had a 70% successful completion rate this year. We were unable to do an actual comparison to other groups. However, based on the promising results this fiscal year, we look forward to the opportunity to assess this group at two years out in the community.

¹² Please see Methodology section in the Appendix for further information on the evaluation research design, group selection criteria, and outcome variable definitions.

7. EVALUATION SUMMARY AND RECOMMENDATIONS

A. SUMMARY

We believe that the RSAT programs are important to the State of Michigan and that they lead to reductions in drug use and related criminal activity. If a JCS graduate completes aftercare treatment, his chances of remaining in the community and drug free are even better. We were unable, though, to compare outcomes of RSAT participants with those receiving other MDOC substance abuse treatment. Consequently, we are unable to conclude that the benefits of RSAT participation outweigh those of other treatment programs already operating.

This evaluation has shown indicators for effectiveness for both of the men's RSAT treatment programs once their graduates are in the community. The Camp Branch RSAT program graduates were also successful in remaining drug and arrest free. We look forward to assessing the new women's RSAT program next year. Although they cannot be compared to the RSAT programs or to each other, MDOC's other substance abuse treatment programs also had success with remaining in the community and drug and arrest free.

The Michigan Department of Corrections, along with dedicated corrections administrators and their staff, treatment staff, and Western Michigan University, the SHAR program and other RSAT stakeholders have established viable RSAT programs in the Michigan prison system. It is still too early in the evaluation of RSAT programs to have the kind of long term outcomes that will show us their value at several years out. However, it is clear from the data we have already collected that these RSAT groups have met with success. In fact, based on the promising results this fiscal year for the Macomb program, we look forward to the opportunity to assess this group at two years out in the community.

B. RECOMMENDATIONS

Among our recommendations for the last fiscal year was the continuation of the RSAT pilot programs. We note with satisfaction the continuation of a women's RSAT program at the Western Wayne facility, and the reduction in size of the JCS RSAT to more manageable proportions which will allow it to operate more efficiently. Further, we were pleased to see the introduction of a Step II program into the JCS facility providing additional therapeutic support to offenders remaining in prison after they have completed the RSAT program.

We again recommend the continuation of the existing pilot RSAT programs. Our additional primary recommendation for this fiscal year seeks to further the benefit of the RSAT programs by extending therapeutic support beyond the prison walls to more offenders. In the JCS RSAT section we noted that we were unable to account for a substantial number of JCS graduates for whom there was no record of aftercare treatment in the community. The graduates may have enrolled with other non-MDOC contractual providers, however, there is likely a portion of treatment eligible offenders who are simply not entering treatment. We also noted in the JCS RSAT section that those program graduates who did complete aftercare treatment fared better in the community, with significantly lower relapse, recidivism, and arrest rates than their counterparts who did not enroll in community treatment. We therefore strongly recommend the rapid referral to community based treatment programs and monitoring of actual enrollment and completion. It is particularly important that offenders be referred to treatment before they

relapse. We support the continual flow of communication between RSAT discharge planners, parole agents and community treatment providers as one way of enhancing prevention for the offender in the community.

The University of Michigan Substance Abuse Research Center evaluation team will continue to share results and recommendations with key MDOC and RSAT stakeholders as they become available.

APPENDIX & REFERENCES

DESCRIPTION OF RSAT PROGRAMS

The Michigan Department of Corrections' (MDOC) initial six month residential substance abuse treatment program (RSAT) opened in January 1999 at the Cooper Street Correctional Facility (JCS), a secure Level I (minimum) security prison for men located in Jackson. At 272 beds, it was believed to be the largest RSAT program in the country. Camp Branch's six month RSAT program opened in October 1999 in Coldwater at a Level I women's facility with 100 beds; 60 for primary treatment and 40 for a post-RSAT step-down unit (called Step II). The Macomb Correctional Facility's nine month RSAT program located in New Haven opened January 2000 at a Level II (medium security) men's prison with 184 beds; 136 for primary treatment and 48 for post-RSAT step-down.

The goal of the RSAT program is to reduce relapse and recidivism among substance abusing prisoners through therapeutic interventions that prepare them for return to the community. The program accomplishes these goals by providing six months of residential treatment (nine months at Macomb), focusing on examining and correcting the links between substance abuse and criminal behavior by using a cognitive behavioral treatment model. The treatment model has an orientation component, two intensive treatment components and a brief preparation for return to the community. All programs use a cognitive model of treatment where participants practice what they are learning, while they are learning to think differently about both their criminal behavior and their substance abuse.

Residential level treatment services were administered by licensed substance abuse providers at the three facilities. Self-contained housing units were dedicated to the program for those inmates who have a history of substance abuse and are within nine to 18 months of their earliest release date. Prisoners received comprehensive residential substance abuse services for a period of six months in the prison setting (nine months at Macomb). These services include daily group therapy, weekly individual therapy, assistance in job skills and development of constructive leisure activities. Further, for Macomb and Camp Branch, Step II (step-down) services provided an extension of the treatment program for an additional six months on a less comprehensive basis with the aim of enhancing and sustaining recovery both in prison and upon release.

Graduates of all three RSAT programs had a detailed Aftercare Treatment Plan outlining progress made on treatment goals while in the RSAT program, relapse indicators and goals and recommendations for future treatment. Copies were forwarded to the prisoner's Parole Agent for use as a basis for future referral to treatment within the community. The one-year aftercare component was designed to provide a continuum of care to the offender as s/he re-adjusted to life in the community.

EVALUATION METHODOLOGY

In this section we describe the methodology Dr. Boyd and colleagues used to conduct the evaluation of the Michigan Department of Correction's RSAT and other substance abuse treatment programs. We discuss the evaluation design, the definition and measurement of key concepts, criteria for group selection, and the design limitations. All analyses in this report are derived from information supplied by the Michigan Department of Corrections, MDOC Corrections Management Information Systems (CMIS), and Michigan State Police Law Enforcement Information Network (LEIN) databases.

A. Design

The ideal research design for evaluation studies is to randomly assign program participants to either a treatment or no-treatment group and compare their outcomes. Theoretically, random assignment eliminates any pre-existing differences between the treatment and no-treatment groups so that any differences in the outcomes of the two groups can be attributed to the treatment experience. As with the majority of evaluations, random assignment was not possible because of ethical and logistical considerations. Thus, when possible, we employed a matched comparison group design and compared the treatment group to a group of offenders who appeared similar in every respect except for the fact that they did not receive the treatment condition. The matched comparison group design was feasible for the JCS RSAT program, but was not available for the Camp Branch RSAT, Macomb RSAT or other treatment programs, due to insufficient numbers of matching offenders who had not had treatment, or insufficient time in the community. Thus for these other groups, we simply report the rates of arrests, recidivism, and drug relapse, because the groups cannot be compared.

B. Definitions and Measurement of Key Constructs

Below we discuss the definitions of the key constructs used in this evaluation and indicate where the data was obtained.

Program Applications – The number of offenders who apply for the RSAT programs is documented by the Treatment Provider and reported to MDOC's Substance Abuse Program Section (SAPS).

Program Admissions – The number of offenders admitted to the RSAT programs is documented by the Treatment Provider and reported to MDOC's Substance Abuse Program Section (SAPS).

Discharges – The number of offenders discharged from the RSAT programs is documented by the Treatment Provider and reported to MDOC's Substance Abuse Program Section (SAPS). Discharges are categorized as either successful or unsuccessful. Successful discharges include offenders who completed the designated number of weeks in the program, with the requirement that they complete minimum program standards for graduation. Unsuccessful discharges include offenders who left the program involuntarily because of positive drug screens or disciplinary infractions.

Drug Relapse – Drug relapse was measured by the presence of positive drug screens during parole. Urine drug screens are required as a condition of parole and monitored by the parole agents. The data is stored in the CMIS database. Both positive and negative drug screen information is recorded in the CMIS database for laboratory tests. Data do not include negative tests taken by the parole agent using on-site testing devices. Positive confirmed on-site tests are included.

Recidivism – We use parole revocation as our primary definition of recidivism. Parole is granted by the Parole Board with certain conditions that must be maintained in the community. A parole revocation occurs when an offender has received a sustained violation of parole or community residential placement (CRP) status, loses their current community status and is returned to a state prison on the same sentence. A ‘new commitment’ (re-incarceration) to prison is also considered recidivism if the offender incurs a new sentence during the evaluation period through 9/30/01, regardless of whether the offender is on parole or has been discharged from parole.

New Arrest – New arrests included cases in which the program graduate was arrested (although not necessarily convicted) for a new felony offense. Arrests for misdemeanor or ordinance offenses were not included. New arrest data was obtained through the Law Enforcement Information Network (LEIN). Information on convictions was not available at the time of this report because of the length of time involved in the processing and reporting of convictions.

C. Criteria for Group Selection

The following describes how we sampled program participants and non-participants (in the case of the no-treatment groups) to create the groups used in our study. It is assumed that this sample of program participants represents all participants of these programs.

Cooper Street RSAT Group

The JCS RSAT group consists of 931 offenders who graduated from this program and were released into the community by 9/30/2000. Four hundred and sixty seven (467) of these have been in the community at least six months, 305 for at least 12 months and 159 for at least 18 months and were included in those categories of analysis, respectively. The group who had been in the community for 18 months or longer, included the first cohort released by 9/30/1999.

Men’s No Treatment Comparison Group

The JCS no-treatment comparison group was selected with the intention of obtaining a group that was similar to the JCS RSAT group in every respect except their treatment experience. This group consisted of 72 male offenders who had been released from prison between 1/1/1999 and 9/30/1999, had a substance dependence diagnosis, but had not received any form of substance abuse treatment between the dates of 9/30/1997 and 9/30/1999 and had not completed any treatment in the community by 9/30/2001.

Camp Branch (Coldwater) Women’s RSAT Group

The JCS RSAT group consists of the 67 offenders who graduated from this program and were released into the community by 9/30/2000. Twenty-two (22) of these graduates were included in

the 12 month or greater group outcome analyses, while the remaining 45 were included in the six month in community group. Ten additional offenders were released less than six months ago and were ineligible for group analysis.

Macomb RSAT Group

The MRF RSAT group consists of the 36 offenders who graduated from this program and were released into the community by 9/30/2000. An additional 41 offenders had been living in the community for less than six months and were not eligible for group analysis.

Outpatient Treatment in Prison and Community Group

The outpatient model is designed so that the offender receives outpatient style substance abuse treatment while in prison and again in the community following his or her release. The outpatient treatment program utilizes group models based on MDOC curriculum and focuses on issues pertaining to substance abuse, relapse prevention, correction of criminal thinking, and elimination of criminal behavior. The in-prison program offers individual sessions at admission and discharge and 16 group sessions over the course of 12 weeks.

A group of offenders who had received outpatient substance abuse treatment while in prison and in the community following their release ($n=152$) was randomly selected from a complete list of all offenders who had completed both the in-prison and community outpatient programs by 9/30/1999. As with the RSAT groups, community treatment is only known from MDOC funded treatment contractors. This group may have participated in treatment funded by other sources.

Outpatient Treatment in Prison

Even though the outpatient treatment modality is intended for offenders during and after their incarceration, some offenders receive treatment only during their incarceration.

A group of offenders who had received outpatient substance abuse treatment only while in prison ($n=54$) was randomly selected from a complete list of all offenders who had completed only the in-prison treatment program and were released into the community by 9/30/1999.

Community Residential Treatment Group

The community residential treatment program offers residential substance abuse treatment services to offenders once they are released into the community. While there are a variety of community residential treatment programs, those chosen for comparison in this evaluation offered a cognitive behavioral treatment approach. These programs offered both individual and group counseling over the course of 13 weeks.

A group of offenders who had received cognitively-based community residential treatment ($n=114$) was selected from a complete list of all treatment recipients who received treatment from one of the three cognitively-based community treatment programs prior to 9/30/1999.

D. Limitations

This research was designed to look at all of the MDOC treatment programs. It was not designed to determine whether one program is more effective than the others. Differences in the make up of the groups, the size of the groups, and the nature of the treatment programs prevent us from comparing them. We, therefore, cannot compare the programs to each other for effectiveness, and (except for RSAT) we cannot compare them to the No Treatment group for effectiveness. Based on the data in this report, we recognize the value of each type of program for treating the specific needs of offenders.

While the methodology used for this evaluation is considerably more advanced in terms of the appropriate use of matched comparison groups, there are limitations to the design that need to be noted.

While every effort was made to eliminate pre-existing differences among the groups, analyses of the groups indicated that some pre-existing differences were present. These variations are likely due to the fact that group membership was based on self-selection (or institutional selection) rather than a random assignment to groups. Since the groups could not be randomly assigned due to practical or ethical considerations, some pre-existing differences are to be expected, and ideally, can be controlled for in statistical analyses when there is a large enough group size. However, the ability to conclude that differences in success rates among the groups were solely due to treatment experiences is significantly reduced without the use of random group assignment.

Another limitation of the evaluation is the fact that the placement of the prisoners following treatment differed among groups. For some prisoners, there was an immediate release into the community following treatment completion; for others, release into the community occurred only after considerable months. The implications of the differences in post-treatment placement is unknown, but likely had a significant impact on the outcomes among the groups given what we know from previous research on the importance of aftercare (Wexler, DeLeon, Thomas, Kressel, and Peters, 1999).

The type of information available for analysis also limited this evaluation. These limitations are most notable with the drug screen data. Not all drug testing (i.e. dates, type of test, test result) was available through CMIS. For example, only positive “instant” testing would be followed up with urine screens that would be tracked by CMIS. The availability of more consistent accounting of other drug screening mechanisms, would allow us to track drug relapse more effectively.

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